

CONTACT INFORMATION

CONTACT TYPE: Claims Info		CONTACT TYPE: Inspection	
CONTACT NAME: Adam Studer		CONTACT NAME: Adam Studer	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL (970) 222-0665	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL (970) 222-0665
PRIMARY E-MAIL ADDRESS: astuder1977@gmail.com		PRIMARY E-MAIL ADDRESS: astuder1977@gmail.com	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	1887 N Loop Ave	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Casper	STATE: WY	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY:	ZIP: 82601			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
2	2858 S Poplar	<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Casper	STATE: WY	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP: 82601			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY) 01/01/2000
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

DESCRIPTION OF PRIMARY OPERATIONS

Oilfield transport company- hauling tools used in extraction

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
							LOCATION:	BUILDING:
							VEHICLE:	BOAT:
							AIRPORT:	AIRCRAFT:
							ITEM CLASS:	ITEM:
						ITEM DESCRIPTION		
REASON FOR INTEREST:			REFERENCE / LOAN #:	INTEREST END DATE:				
			LIEN AMOUNT:	PHONE (A/C, No, Ext):			FAX (A/C, No):	
			E-MAIL ADDRESS:					

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
<input type="text" value="PARENT COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
<input type="text" value="SUBSIDIARY COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				Y
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/> OSHA	<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				N
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: 00001256

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS						TOTAL LOSSES: \$	
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): _____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: 00001256

**WYOMING COMMERCIAL AUTO
COVERAGES / LIMITS SECTION**

DATE (MM/DD/YYYY)

03/29/2024

AGENCY Leavitt Group Insurance Agency of Vernal, Inc.		NAMED INSURED(S) Ridgeway Trucking, LLC	
POLICY NUMBER 24/25	EFFECTIVE DATE 05/09/2024	CARRIER MARKETING APPS	NAIC CODE B0569

BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> CSL	<input type="checkbox"/> BI EA PER	\$ 1,000,000
	<input type="checkbox"/> 2	<input type="checkbox"/> 7		BI EACH ACCIDENT	\$
	<input type="checkbox"/> 3	<input type="checkbox"/> 8		PROPERTY DAMAGE	\$
PHYSICAL DAMAGE					
			TOWING & LABOR	<input type="checkbox"/> 3	\$
			COMP / OTC	<input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 8	
MEDICAL PAYMENTS	<input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 8	EACH PERSON		\$ 5,000
UNINSURED MOTORIST	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 6	<input checked="" type="checkbox"/> CSL	<input type="checkbox"/> BI EA PER	\$ 1,000,000
	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 7		BI EACH ACCIDENT	\$
	<input type="checkbox"/> 4				
UNDERINSURED MOTORIST	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 6	<input checked="" type="checkbox"/> CSL	<input type="checkbox"/> BI EA PER	\$ 1,000,000
	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 7		BI EACH ACCIDENT	\$
	<input type="checkbox"/> 4				
HIRED / BORROWED LIABILITY	<input checked="" type="checkbox"/> YES STATES <input type="checkbox"/> NO WY		COST OF HIRE	<input checked="" type="checkbox"/> IF ANY BASIS	
NON-OWNED LIABILITY	<input checked="" type="checkbox"/> YES STATES <input type="checkbox"/> NO WY		GROUP TYPE	NUMBER OF	HIRED PHYSICAL DAMAGE
			<input checked="" type="checkbox"/> EMPLOYEES		
			VOLUNTEERS		
			PARTNERS		
				COVERAGE IS:	PRIMARY SECONDARY
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) OWNED AUTOS ONLY (3) OWNED PRIVATE PASSENGER AUTOS ONLY	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY (5) OWNED AUTOS SUBJECT TO NO-FAULT (6) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORISTS LAW		(7) SPECIFICALLY DESCRIBED AUTOS (8) HIRED AUTOS ONLY (9) NON-OWNED AUTOS ONLY	

ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Blanket Additional Insured; Blanket Waiver of Subrogation

SIGNATURE

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED AND UNDERINSURED MOTORISTS COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.			
I UNDERSTAND THAT THE AUTOMOBILE INSURANCE THAT I AM BUYING INCLUDES AN AMENDMENT WHICH STATES THAT IF I HAVE A LOSS TO A VEHICLE AND AM PAID FOR THAT LOSS BUT DON'T ACTUALLY REPAIR THE VEHICLE, ANY SUBSEQUENT LOSSES WILL BE PAID WITH THE COST OF THE DAMAGE ASSOCIATED WITH PRIOR LOSSES BEING DEDUCTED.			
I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.			
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER

TRUCKERS SECTION

AGENCY CUSTOMER ID: 00001256

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE			
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
LIABILITY	41 <input type="checkbox"/>	46 <input type="checkbox"/>	CSL <input type="checkbox"/>	BI EA PER \$		
	42 <input type="checkbox"/>	47 <input type="checkbox"/>	BI EACH ACCIDENT \$			
	43 <input type="checkbox"/>	50 <input type="checkbox"/>	PROPERTY DAMAGE \$			
			COMP / OTC	42 <input type="checkbox"/> 43 <input type="checkbox"/> 46 <input type="checkbox"/>	47 <input type="checkbox"/>	\$
			SPECIFIED CAUSES OF LOSS	42 <input type="checkbox"/> 43 <input type="checkbox"/> 46 <input type="checkbox"/>	47 <input type="checkbox"/>	\$
MEDICAL PAYMENTS	42 <input type="checkbox"/> 43 <input type="checkbox"/>	46 <input type="checkbox"/>	EACH PERSON \$			
UNINSURED MOTORIST	42 <input type="checkbox"/>	46 <input type="checkbox"/>	CSL <input type="checkbox"/>	BI EA PER \$		
	43 <input type="checkbox"/>		BI EACH ACCIDENT \$			
	45 <input type="checkbox"/>					
UNDERINSURED MOTORIST	42 <input type="checkbox"/>	46 <input type="checkbox"/>	CSL <input type="checkbox"/>	BI EA PER \$		
	43 <input type="checkbox"/>		BI EACH ACCIDENT \$			
	45 <input type="checkbox"/>					
NON-TRUCKERS HIRED / BORROWED	YES <input type="checkbox"/> NO <input type="checkbox"/>	STATES	COST OF HIRE \$		IF ANY BASIS	
TRUCKERS HIRED / BORROWED LIABILITY	YES <input type="checkbox"/> NO <input type="checkbox"/>	STATES	COST OF HIRE \$		IF ANY BASIS	
NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/> NO <input type="checkbox"/>	STATES	GROUP TYPE	NUMBER OF		
			EMPLOYEES			
			VOLUNTEERS			
OTHER			PARTNERS			
			TRAILER VALUE	\$		
			HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH
			OTHER	COVERAGE IS:		PRIMARY
						SECONDARY

COVERED AUTO SYMBOLS
 (41) ANY AUTO (42) OWNED AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY
 (44) OWNED AUTOS SUBJECT TO NO-FAULT (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW
 (46) SPECIFICALLY DESCRIBED AUTOS (47) HIRED AUTOS ONLY (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT
 (49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (50) NON-OWNED AUTOS ONLY

ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

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APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE										
LIABILITY	61	67	<input type="checkbox"/> CSL	<input type="checkbox"/> BI EA PER	\$	COVERAGES	COVERED AUTO SYMBOLS		LIMITS		DEDUCTIBLE		
	62	68	BI EACH ACCIDENT				\$	COMP / OTC	62	67			\$
	63	71	PROPERTY DAMAGE				\$		63	68			
	64								64				
						SPECIFIED CAUSES OF LOSS	62	67	<input type="checkbox"/> SCL	<input type="checkbox"/> FT	<input type="checkbox"/> LSP	\$	
							63	68	<input type="checkbox"/> F	<input type="checkbox"/> FTW			
							64						
						COLLISION	62	67			\$		
							63	68					
							64						
MEDICAL PAYMENTS	62	64	EACH PERSON			\$	TOWING & LABOR	63				\$	
	63	67						67					
UNINSURED MOTORIST	62	66	<input type="checkbox"/> CSL	<input type="checkbox"/> BI EA PER	\$	TRAILER INTERCHANGE							
	63	67	BI EACH ACCIDENT			\$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
	64						COMP / OTC	69					
UNDERINSURED MOTORIST	62	66	<input type="checkbox"/> CSL	<input type="checkbox"/> BI EA PER	\$		70						
	63	67	BI EACH ACCIDENT			\$	SPECIFIED CAUSES OF LOSS	69					
	64						70						
NON-TRUCKERS HIRED / BORROWED	YES	STATES	COST OF HIRE			<input type="checkbox"/>	IF ANY BASIS						
	NO		\$										
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES	COST OF HIRE			<input type="checkbox"/>	IF ANY BASIS						
	NO		\$										
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE		NUMBER OF		HIRED PHYSICAL DAMAGE	STATES		# DAYS	# VEH		
	NO		<input type="checkbox"/>	EMPLOYEES									
			<input type="checkbox"/>	VOLUNTEERS									
			<input type="checkbox"/>	PARTNERS									
OTHER								COVERAGE IS:		PRIMARY	SECONDARY		

COVERED AUTO SYMBOLS
 (61) ANY AUTO (62) OWNED AUTOS ONLY (63) OWNED PRIVATE PASS AUTOS ONLY
 (64) OWNED COMMERCIAL AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW
 (67) SPECIFICALLY DESCRIBED AUTOS (68) HIRED AUTOS ONLY (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT
 (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY

ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

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APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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**BUSINESS AUTO SECTION**

DATE (MM/DD/YYYY)

03/29/2024

AGENCY Leavitt Group Insurance Agency of Vernal, Inc.		CARRIER MARKETING APPS		NAIC CODE B0569
POLICY NUMBER 24/25	EFFECTIVE DATE 05/09/2024	NAMED INSURED(S) Ridgeway Trucking, LLC		

COVERAGES / LIMITS**USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES / LIMITS INFORMATION****DRIVER INFORMATION**

ACORD 163 attached for additional drivers

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.													
DRIVER #	NAME CITY, STATE AND ZIP CODE	SEX	* MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH #	% USE
1	Steve Phillips			09/05/1973			104891-353	WY					
2	Adam Studer			03/01/1977			105455562	WY					
3	Larry Ridgeway			08/23/1951			103401071	WY					
4	Nick Ridgeway			12/16/1978			106122013	WY					
5	Mark Davis			04/01/1978			105808-794	WY					
18	Carl Shumaker			07/05/1978			106168313	WY					
19	Thomas Bolke			07/17/1954			100554112	WY					
20	Gregory Goff			06/04/1957			101563039	WY					
21	Scott Collins			11/14/1957			107978017	WY					
22	Alex Pearson			05/26/1998			110553906	WY					
23	Jimmy King			06/21/1971			104678388	WY					

* MARITAL STATUS / CIVIL UNION (if applicable)

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N												
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?	N												
<table border="1"> <tr> <td>VEH #</td> <td>NAME OF OTHER OWNER</td> <td>VEH #</td> <td>NAME OF OTHER OWNER</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	VEH #	NAME OF OTHER OWNER	VEH #	NAME OF OTHER OWNER									
VEH #	NAME OF OTHER OWNER	VEH #	NAME OF OTHER OWNER										
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS? (no explanation needed)	N												
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?	Y												
4. ARE ANY VEHICLES LEASED TO OTHERS?	N												
5. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)	N												
<table border="1"> <tr> <td>VEH #</td> <td>DESCRIPTION</td> <td>COST</td> <td>VEH #</td> <td>DESCRIPTION</td> <td>COST</td> </tr> <tr> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td>\$</td> </tr> </table>	VEH #	DESCRIPTION	COST	VEH #	DESCRIPTION	COST			\$			\$	
VEH #	DESCRIPTION	COST	VEH #	DESCRIPTION	COST								
		\$			\$								
6. ARE ICC (Interstate Commerce Commission), PUC (Public Utility Commission) OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 194) (no explanation needed)	Y												
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?	N												

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES	Y/N										
8. ANY HOLD HARMLESS AGREEMENTS?	N										
9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY.	N										
10. DOES THE APPLICANT OBTAIN MVR (Motor Vehicle Record) VERIFICATIONS?	Y										
11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?	Y										
12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?	Y										
13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?	N										
14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? <small>APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS: 1. A speeding violation of up to six (6) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or 2. A speeding violation of up to ten (10) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 55 mph through 75 mph.</small>	N										
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">DRV #</th> <th style="width:20%;">DATE (MM/DD/YYYY)</th> <th style="width:30%;">TYPE</th> <th style="width:30%;">PLACE (CITY, STATE)</th> <th style="width:10%;"># YRS REV</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV						
DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV							
15. HAS AGENT INSPECTED VEHICLES?	N										
16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET?											
17. DO YOU HAVE ELECTRONIC MONITORING DEVICES THAT RECORD AND TRANSMIT DATA IN ANY OF YOUR VEHICLES? If "YES", what percentage of vehicles in your overall fleet are monitored (1 - 100%) _____ % Please indicate how you utilize the devices (check all that apply): <input type="checkbox"/> MONITOR DRIVER SAFETY <input type="checkbox"/> TRACK FUEL CONSUMPTION <input type="checkbox"/> MONITOR VEHICLE MAINTENANCE <input type="checkbox"/> MILEAGE TRACKING <input type="checkbox"/> LOCATION TRACKING <input type="checkbox"/> NAVIGATION Describe: _____											
DESCRIPTION OF GARAGE / STORAGE LOCATIONS	MAXIMUM DOLLAR VALUE SUBJECT TO LOSS \$										

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT **ACORD 45 attached for additional names**

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input checked="" type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ Hilltop National Bank 300 Country Club Road PO Box 2680 Casper WY 82502 REFERENCE / LOAN #: _____	INTEREST IN ITEM NUMBER VEHICLE: 1 LOCATION: _____
INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input checked="" type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ Hilltop National Bank 300 Country Club Road PO Box 2680 Casper WY 82502 REFERENCE / LOAN #: _____	INTEREST IN ITEM NUMBER VEHICLE: 2 LOCATION: _____

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

VEHICLE DESCRIPTION ACORD 129 attached for additional vehicles

VEH # 1	YEAR 2007	MAKE: Peterbilt MODEL: 379	BODY TYPE: Truck-Tractor v.i.n.: 1XP5D49X97D682735	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS	STREET (Required in KY) 2858 S Poplar		CITY Casper	COUNTY			STATE WY	ZIP 82601		
LIC STATE	TERR	GVW / GCW	CLASS 50529	SIC	FACTOR	SEAT CP	RADIUS 200	FARTHEST TERMINAL	COST NEW \$ 134777	
USE	<input checked="" type="checkbox"/> COMM'L RETAIL <input type="checkbox"/> FARM <input type="checkbox"/>	<input type="checkbox"/> FOR HIRE	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB <input type="checkbox"/> NO-FAULT	ADD'L NO-FAULT <input checked="" type="checkbox"/> MED PAY <input checked="" type="checkbox"/> UNINS MOTOR	<input checked="" type="checkbox"/> UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT <input type="checkbox"/> FTW <input type="checkbox"/>	LSP <input checked="" type="checkbox"/> COMP/OTC <input checked="" type="checkbox"/> COLL	RENT REIMB FG	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT	ACV <input checked="" type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L
DRIVE TO WORK / SCHOOL	<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$						
VEH # 2	YEAR 2013	MAKE: Fontaine MODEL:	BODY TYPE: Trailer v.i.n.: 13N248204D1562875	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS	STREET (Required in KY) 2858 S Poplar		CITY Casper	COUNTY			STATE WY	ZIP 82601		
LIC STATE	TERR	GVW / GCW	CLASS 67529	SIC	FACTOR	SEAT CP	RADIUS 200	FARTHEST TERMINAL	COST NEW \$ 36888	
USE	<input checked="" type="checkbox"/> COMM'L RETAIL <input type="checkbox"/> FARM <input type="checkbox"/>	<input type="checkbox"/> FOR HIRE	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB <input type="checkbox"/> NO-FAULT	ADD'L NO-FAULT <input checked="" type="checkbox"/> MED PAY <input checked="" type="checkbox"/> UNINS MOTOR	<input checked="" type="checkbox"/> UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT <input type="checkbox"/> FTW <input type="checkbox"/>	LSP <input checked="" type="checkbox"/> COMP/OTC <input checked="" type="checkbox"/> COLL	RENT REIMB FG	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT	ACV <input checked="" type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L
DRIVE TO WORK / SCHOOL	<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$						
VEH # 3	YEAR 2013	MAKE: Delta MODEL:	BODY TYPE: Trailer v.i.n.: 4MWGF3229DN032184	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS	STREET (Required in KY) 2858 S Poplar		CITY Casper	COUNTY			STATE WY	ZIP 82601		
LIC STATE	TERR	GVW / GCW	CLASS 67529	SIC	FACTOR	SEAT CP	RADIUS 200	FARTHEST TERMINAL	COST NEW \$	
USE	<input checked="" type="checkbox"/> COMM'L RETAIL <input type="checkbox"/> FARM <input type="checkbox"/>	<input type="checkbox"/> FOR HIRE	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB <input type="checkbox"/> NO-FAULT	ADD'L NO-FAULT <input checked="" type="checkbox"/> MED PAY <input checked="" type="checkbox"/> UNINS MOTOR	<input checked="" type="checkbox"/> UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT <input type="checkbox"/> FTW <input type="checkbox"/>	LSP <input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL	RENT REIMB FG	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT	ACV <input type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L
DRIVE TO WORK / SCHOOL	<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$						
VEH # 4	YEAR 2014	MAKE: Doonan MODEL:	BODY TYPE: Trailer v.i.n.: 1D9BG4823E1609146	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS	STREET (Required in KY) 2858 S Poplar		CITY Casper	COUNTY			STATE WY	ZIP 82601		
LIC STATE	TERR	GVW / GCW	CLASS 67529	SIC	FACTOR	SEAT CP	RADIUS 200	FARTHEST TERMINAL	COST NEW \$ 30000	
USE	<input checked="" type="checkbox"/> COMM'L RETAIL <input type="checkbox"/> FARM <input type="checkbox"/>	<input type="checkbox"/> FOR HIRE	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB <input type="checkbox"/> NO-FAULT	ADD'L NO-FAULT <input checked="" type="checkbox"/> MED PAY <input checked="" type="checkbox"/> UNINS MOTOR	<input checked="" type="checkbox"/> UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT <input type="checkbox"/> FTW <input type="checkbox"/>	LSP <input checked="" type="checkbox"/> COMP/OTC <input checked="" type="checkbox"/> COLL	RENT REIMB FG	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT	ACV <input checked="" type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L
DRIVE TO WORK / SCHOOL	<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$						

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)
03/29/2024

AGENCY Leavitt Group Insurance Agency of Vernal, Inc.		CARRIER MARKETING APPS		NAIC CODE B0569
POLICY NUMBER 24/25	EFFECTIVE DATE 05/09/2024	NAMED INSURED(S) Ridgeway Trucking, LLC		

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input checked="" type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER	<input checked="" type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ Hilltop National Bank 300 Country Club Road PO Box 2680 Casper WY 82502	EVIDENCE: _____	CERTIFICATE _____	POLICY _____	SEND BILL _____	INTEREST IN ITEM NUMBER		
								LOCATION:	BUILDING:
								VEHICLE: 4	BOAT:
								AIRPORT:	AIRCRAFT:
							SCHED #:	ITEM:	
							ITEM CLASS:		
							ITEM DESCRIPTION		
							2014 Doonan		
REASON FOR INTEREST:							E-MAIL ADDRESS:		

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input checked="" type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER	<input checked="" type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ Hilltop National Bank 300 Country Club Road PO Box 2680 Casper WY 82502	EVIDENCE: _____	CERTIFICATE _____	POLICY _____	SEND BILL _____	INTEREST IN ITEM NUMBER		
								LOCATION:	BUILDING:
								VEHICLE: 5	BOAT:
								AIRPORT:	AIRCRAFT:
							SCHED #:	ITEM:	
							ITEM CLASS:		
							ITEM DESCRIPTION		
							2010 Peterbilt 389		
REASON FOR INTEREST:							E-MAIL ADDRESS:		

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input checked="" type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER	<input checked="" type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ Casper Mack Leasing 1750 S Loop Ave Casper WY 82601-9229	EVIDENCE: _____	CERTIFICATE _____	POLICY _____	SEND BILL _____	INTEREST IN ITEM NUMBER		
								LOCATION:	BUILDING:
								VEHICLE: 14	BOAT:
								AIRPORT:	AIRCRAFT:
							SCHED #:	ITEM:	
							ITEM CLASS:		
							ITEM DESCRIPTION		
							2023 Anthem		
REASON FOR INTEREST:							E-MAIL ADDRESS:		

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ _____ _____ _____	EVIDENCE: _____	CERTIFICATE _____	POLICY _____	SEND BILL _____	INTEREST IN ITEM NUMBER		
								LOCATION:	BUILDING:
								VEHICLE:	BOAT:
								AIRPORT:	AIRCRAFT:
							SCHED #:	ITEM:	
							ITEM CLASS:		
							ITEM DESCRIPTION		
REASON FOR INTEREST:							E-MAIL ADDRESS:		

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ _____ _____ _____	EVIDENCE: _____	CERTIFICATE _____	POLICY _____	SEND BILL _____	INTEREST IN ITEM NUMBER		
								LOCATION:	BUILDING:
								VEHICLE:	BOAT:
								AIRPORT:	AIRCRAFT:
							SCHED #:	ITEM:	
							ITEM CLASS:		
							ITEM DESCRIPTION		
REASON FOR INTEREST:							E-MAIL ADDRESS:		



VEHICLE SCHEDULE

DATE (MM/DD/YYYY)
03/29/2024

AGENCY Leavitt Group Insurance Agency of Vernal, Inc.		CARRIER MARKETING APPS		NAIC CODE B0569
POLICY NUMBER 24/25		EFFECTIVE DATE 05/09/2024	NAMED INSURED(S) Ridgeway Trucking, LLC	

VEHICLE DESCRIPTION

VEH #	YEAR	MAKE: Peterbilt	BODY TYPE: Truck-Tractor	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
5	2010	MODEL: 389	V.I.N.: 1XPXD49X2AD106369	PP	SPEC	COML			
GARAGING ADDRESS	STREET (Required in KY) 2858 S Poplar		CITY Casper	COUNTY			STATE WY	ZIP 82601	
LIC STATE	TERR	GVW / GCW	CLASS 50529	SIC	FACTOR	SEAT CP	RADIUS 200	FARTHEST TERMINAL	
USE	<input checked="" type="checkbox"/> PLEASURE	<input checked="" type="checkbox"/> COMM'L	<input type="checkbox"/> FOR HIRE	<input checked="" type="checkbox"/> CHECK COVERAGES	<input checked="" type="checkbox"/> ADD'L NO-FAULT	<input checked="" type="checkbox"/> UNDRINS MOTOR TOWING & LABOR	<input type="checkbox"/> F	<input checked="" type="checkbox"/> LSP	<input type="checkbox"/> RENT REIMB
	<input type="checkbox"/> FARM	<input type="checkbox"/> RETAIL	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> FT	<input checked="" type="checkbox"/> COMP/OTC	<input type="checkbox"/> FG
DRIVE TO WORK / SCHOOL	<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$			DEDUCTIBLES		ACV
							AA		ST AMT
							\$		\$ 3,000
							\$		\$ 3,000 COLL
VEH #	YEAR	MAKE: Longhorn	BODY TYPE: Trailer	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
6	2019	MODEL: Trailer	V.I.N.: 5J2GS4025KE020845	PP	SPEC	COML	Liab		
GARAGING ADDRESS	STREET (Required in KY) 2858 S Poplar		CITY Casper	COUNTY			STATE WY	ZIP 82601	
LIC STATE	TERR	GVW / GCW	CLASS 67529	SIC	FACTOR	SEAT CP	RADIUS 200	FARTHEST TERMINAL	
USE	<input checked="" type="checkbox"/> PLEASURE	<input checked="" type="checkbox"/> COMM'L	<input type="checkbox"/> FOR HIRE	<input checked="" type="checkbox"/> CHECK COVERAGES	<input checked="" type="checkbox"/> ADD'L NO-FAULT	<input checked="" type="checkbox"/> UNDRINS MOTOR TOWING & LABOR	<input type="checkbox"/> F	<input type="checkbox"/> LSP	<input type="checkbox"/> RENT REIMB
	<input type="checkbox"/> FARM	<input type="checkbox"/> RETAIL	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> FT	<input type="checkbox"/> COMP/OTC	<input type="checkbox"/> FG
DRIVE TO WORK / SCHOOL	<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$			DEDUCTIBLES		ACV
							AA		ST AMT
							\$		\$
							\$		\$ COLL
VEH #	YEAR	MAKE: Doonan	BODY TYPE: Trailer	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
7	2020	MODEL: Trailer	V.I.N.: 1D9BG4823L1609581	PP	SPEC	COML	Liab		
GARAGING ADDRESS	STREET (Required in KY) 2858 S Poplar		CITY Casper	COUNTY			STATE WY	ZIP 82601	
LIC STATE	TERR	GVW / GCW	CLASS 67529	SIC	FACTOR	SEAT CP	RADIUS 200	FARTHEST TERMINAL	
USE	<input checked="" type="checkbox"/> PLEASURE	<input checked="" type="checkbox"/> COMM'L	<input type="checkbox"/> FOR HIRE	<input checked="" type="checkbox"/> CHECK COVERAGES	<input checked="" type="checkbox"/> ADD'L NO-FAULT	<input checked="" type="checkbox"/> UNDRINS MOTOR TOWING & LABOR	<input type="checkbox"/> F	<input type="checkbox"/> LSP	<input type="checkbox"/> RENT REIMB
	<input type="checkbox"/> FARM	<input type="checkbox"/> RETAIL	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> FT	<input type="checkbox"/> COMP/OTC	<input type="checkbox"/> FG
DRIVE TO WORK / SCHOOL	<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$			DEDUCTIBLES		ACV
							AA		ST AMT
							\$		\$
							\$		\$ COLL
VEH #	YEAR	MAKE: XL	BODY TYPE: Trailer	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
8	2005	MODEL: Trailer	V.I.N.: 4U3J048275L004981	PP	SPEC	COML	Liab		
GARAGING ADDRESS	STREET (Required in KY) 2858 S Poplar		CITY Casper	COUNTY			STATE WY	ZIP 82601	
LIC STATE	TERR	GVW / GCW	CLASS 67529	SIC	FACTOR	SEAT CP	RADIUS 200	FARTHEST TERMINAL	
USE	<input checked="" type="checkbox"/> PLEASURE	<input checked="" type="checkbox"/> COMM'L	<input type="checkbox"/> FOR HIRE	<input checked="" type="checkbox"/> CHECK COVERAGES	<input checked="" type="checkbox"/> ADD'L NO-FAULT	<input checked="" type="checkbox"/> UNDRINS MOTOR TOWING & LABOR	<input type="checkbox"/> F	<input type="checkbox"/> LSP	<input type="checkbox"/> RENT REIMB
	<input type="checkbox"/> FARM	<input type="checkbox"/> RETAIL	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> FT	<input type="checkbox"/> COMP/OTC	<input type="checkbox"/> FG
DRIVE TO WORK / SCHOOL	<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$			DEDUCTIBLES		ACV
							AA		ST AMT
							\$		\$
							\$		\$ COLL
VEH #	YEAR	MAKE: Longhorn	BODY TYPE: Trailer	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
9	2020	MODEL: 40' Gooseneck Flatbed	V.I.N.: 5J2GS402XLE022107	PP	SPEC	COML	Liab		
GARAGING ADDRESS	STREET (Required in KY) 2858 S Poplar		CITY Casper	COUNTY			STATE WY	ZIP 82601	
LIC STATE	TERR	GVW / GCW	CLASS 67529	SIC	FACTOR	SEAT CP	RADIUS 200	FARTHEST TERMINAL	
USE	<input checked="" type="checkbox"/> PLEASURE	<input checked="" type="checkbox"/> COMM'L	<input type="checkbox"/> FOR HIRE	<input checked="" type="checkbox"/> CHECK COVERAGES	<input checked="" type="checkbox"/> ADD'L NO-FAULT	<input checked="" type="checkbox"/> UNDRINS MOTOR TOWING & LABOR	<input type="checkbox"/> F	<input type="checkbox"/> LSP	<input type="checkbox"/> RENT REIMB
	<input type="checkbox"/> FARM	<input type="checkbox"/> RETAIL	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> FT	<input type="checkbox"/> COMP/OTC	<input type="checkbox"/> FG
DRIVE TO WORK / SCHOOL	<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$			DEDUCTIBLES		ACV
							AA		ST AMT
							\$		\$
							\$		\$ COLL



VEHICLE SCHEDULE

DATE (MM/DD/YYYY)
03/29/2024

AGENCY Leavitt Group Insurance Agency of Vernal, Inc.		CARRIER MARKETING APPS		NAIC CODE B0569
POLICY NUMBER 24/25		EFFECTIVE DATE 05/09/2024	NAMED INSURED(S) Ridgeway Trucking, LLC	

VEHICLE DESCRIPTION

VEH #	YEAR	MAKE	MODEL	BODY TYPE	V.I.N.	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM				
10	2009	Kenworth	[R26] W900	Truck-Tractor	1XKWDB9X69R245991	PP							
GARAGING ADDRESS 2858 S Poplar		CITY Casper		COUNTY		STATE WY	ZIP 82601						
LIC STATE	TERR	GVW / GCW	CLASS 50529	SIC	FACTOR	SEAT CP	RADIUS 200	FARTHEST TERMINAL	COST NEW \$ 133000				
USE	<input checked="" type="checkbox"/> PLEASURE	<input checked="" type="checkbox"/> COMM'L	<input type="checkbox"/> FOR HIRE	<input checked="" type="checkbox"/> CHECK COVERAGES	<input checked="" type="checkbox"/> ADD'L NO-FAULT	<input checked="" type="checkbox"/> UNDRINS MOTOR TOWING & LABOR	<input type="checkbox"/> F	<input checked="" type="checkbox"/> LSP	<input type="checkbox"/> RENT REIMB	<input type="checkbox"/> DEDUCTIBLES	<input type="checkbox"/> ACV	<input checked="" type="checkbox"/> COMP/OTC	<input type="checkbox"/> SPEC C OF L
	<input type="checkbox"/> FARM	<input type="checkbox"/> RETAIL	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> FT	<input checked="" type="checkbox"/> COMP/OTC	<input type="checkbox"/> FG	<input type="checkbox"/> AA	<input type="checkbox"/> ST AMT	\$ 3,000	
DRIVE TO WORK / SCHOOL	<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:					TOTAL PREM: \$	\$	\$ 3,000	COLL		
11	1999	Dodge	Ram 3500	Pickup truck	1B7MF3361XJ593809	PP							
GARAGING ADDRESS 2858 S Poplar		CITY Casper		COUNTY		STATE WY	ZIP 82601						
LIC STATE	TERR	GVW / GCW	CLASS 21529	SIC	FACTOR	SEAT CP	RADIUS 200	FARTHEST TERMINAL	COST NEW \$ 26505				
USE	<input checked="" type="checkbox"/> PLEASURE	<input checked="" type="checkbox"/> COMM'L	<input type="checkbox"/> FOR HIRE	<input checked="" type="checkbox"/> CHECK COVERAGES	<input checked="" type="checkbox"/> ADD'L NO-FAULT	<input checked="" type="checkbox"/> UNDRINS MOTOR TOWING & LABOR	<input type="checkbox"/> F	<input checked="" type="checkbox"/> LSP	<input type="checkbox"/> RENT REIMB	<input type="checkbox"/> DEDUCTIBLES	<input type="checkbox"/> ACV	<input checked="" type="checkbox"/> COMP/OTC	<input type="checkbox"/> SPEC C OF L
	<input type="checkbox"/> FARM	<input type="checkbox"/> RETAIL	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> FT	<input checked="" type="checkbox"/> COMP/OTC	<input type="checkbox"/> FG	<input type="checkbox"/> AA	<input type="checkbox"/> ST AMT	\$ 2,500	
DRIVE TO WORK / SCHOOL	<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:					TOTAL PREM: \$	\$	\$ 2,500	COLL		
12	2018	Ram	5500	Truck	3C7WRNFL8JG286422	PP							
GARAGING ADDRESS 2858 S Poplar		CITY Casper		COUNTY		STATE WY	ZIP 82601						
LIC STATE	TERR	GVW / GCW	CLASS 21529	SIC	FACTOR	SEAT CP	RADIUS 200	FARTHEST TERMINAL	COST NEW \$ 56000				
USE	<input checked="" type="checkbox"/> PLEASURE	<input checked="" type="checkbox"/> COMM'L	<input type="checkbox"/> FOR HIRE	<input checked="" type="checkbox"/> CHECK COVERAGES	<input checked="" type="checkbox"/> ADD'L NO-FAULT	<input checked="" type="checkbox"/> UNDRINS MOTOR TOWING & LABOR	<input type="checkbox"/> F	<input checked="" type="checkbox"/> LSP	<input type="checkbox"/> RENT REIMB	<input type="checkbox"/> DEDUCTIBLES	<input type="checkbox"/> ACV	<input checked="" type="checkbox"/> COMP/OTC	<input type="checkbox"/> SPEC C OF L
	<input type="checkbox"/> FARM	<input type="checkbox"/> RETAIL	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> FT	<input checked="" type="checkbox"/> COMP/OTC	<input type="checkbox"/> FG	<input type="checkbox"/> AA	<input type="checkbox"/> ST AMT	\$ 2,000	
DRIVE TO WORK / SCHOOL	<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:					TOTAL PREM: \$	\$	\$ 2,000	COLL		
13	2019	GMC	3500	Pickup truck	1GT42WEY5KF181352	PP							
GARAGING ADDRESS 2858 S Poplar		CITY Casper		COUNTY		STATE WY	ZIP 82601						
LIC STATE	TERR	GVW / GCW	CLASS 21529	SIC	FACTOR	SEAT CP	RADIUS 200	FARTHEST TERMINAL	COST NEW \$ 59500				
USE	<input checked="" type="checkbox"/> PLEASURE	<input checked="" type="checkbox"/> COMM'L	<input type="checkbox"/> FOR HIRE	<input checked="" type="checkbox"/> CHECK COVERAGES	<input checked="" type="checkbox"/> ADD'L NO-FAULT	<input checked="" type="checkbox"/> UNDRINS MOTOR TOWING & LABOR	<input type="checkbox"/> F	<input checked="" type="checkbox"/> LSP	<input type="checkbox"/> RENT REIMB	<input type="checkbox"/> DEDUCTIBLES	<input type="checkbox"/> ACV	<input checked="" type="checkbox"/> COMP/OTC	<input type="checkbox"/> SPEC C OF L
	<input type="checkbox"/> FARM	<input type="checkbox"/> RETAIL	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> FT	<input checked="" type="checkbox"/> COMP/OTC	<input type="checkbox"/> FG	<input type="checkbox"/> AA	<input type="checkbox"/> ST AMT	\$ 2,000	
DRIVE TO WORK / SCHOOL	<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:					TOTAL PREM: \$	\$	\$ 2,000	COLL		
14	2023	Anthem		Truck-Tractor	1M1AN3GY2PM032812	PP							
GARAGING ADDRESS 2858 S Poplar		CITY Casper		COUNTY		STATE WY	ZIP 82601						
LIC STATE	TERR	GVW / GCW	CLASS 50529	SIC	FACTOR	SEAT CP	RADIUS 200	FARTHEST TERMINAL	COST NEW \$ 170000				
USE	<input checked="" type="checkbox"/> PLEASURE	<input checked="" type="checkbox"/> COMM'L	<input type="checkbox"/> FOR HIRE	<input checked="" type="checkbox"/> CHECK COVERAGES	<input checked="" type="checkbox"/> ADD'L NO-FAULT	<input checked="" type="checkbox"/> UNDRINS MOTOR TOWING & LABOR	<input type="checkbox"/> F	<input checked="" type="checkbox"/> LSP	<input type="checkbox"/> RENT REIMB	<input type="checkbox"/> DEDUCTIBLES	<input type="checkbox"/> ACV	<input checked="" type="checkbox"/> COMP/OTC	<input type="checkbox"/> SPEC C OF L
	<input type="checkbox"/> FARM	<input type="checkbox"/> RETAIL	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> FT	<input checked="" type="checkbox"/> COMP/OTC	<input type="checkbox"/> FG	<input type="checkbox"/> AA	<input type="checkbox"/> ST AMT	\$ 3,000	
DRIVE TO WORK / SCHOOL	<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:					TOTAL PREM: \$	\$	\$ 3,000	COLL		



VEHICLE SCHEDULE

DATE (MM/DD/YYYY)
03/29/2024

AGENCY Leavitt Group Insurance Agency of Vernal, Inc.		CARRIER MARKETING APPS		NAIC CODE B0569
POLICY NUMBER 24/25		EFFECTIVE DATE 05/09/2024	NAMED INSURED(S) Ridgeway Trucking, LLC	

VEHICLE DESCRIPTION

VEH # 15	YEAR 2012	MAKE: Delta MODEL: Trailer	BODY TYPE: Trailer V.I.N.: 4MWGF3222CN031361	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM				
GARAGING ADDRESS 2858 S Poplar	STREET (Required in KY)		CITY Casper	COUNTY			STATE WY	ZIP 82601					
LIC STATE	TERR	GVW / GCW	CLASS 67529	SIC	FACTOR	SEAT CP	RADIUS 200	FARTHEST TERMINAL		COST NEW \$			
USE	<input checked="" type="checkbox"/> PLEASURE	<input checked="" type="checkbox"/> COMM'L	<input type="checkbox"/> FOR HIRE	<input checked="" type="checkbox"/> CHECK COVERAGES	<input checked="" type="checkbox"/> ADD'L NO-FAULT	<input checked="" type="checkbox"/> UNDRINS MOTOR TOWING & LABOR	<input type="checkbox"/> F	<input type="checkbox"/> LSP	<input type="checkbox"/> RENT REIMB	<input type="checkbox"/> DEDUCTIBLES	<input type="checkbox"/> ACV	<input type="checkbox"/> COMP / OTC	<input type="checkbox"/> SPEC C OF L
	<input type="checkbox"/> FARM	<input type="checkbox"/> RETAIL	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> FT	<input type="checkbox"/> COMP / OTC	<input type="checkbox"/> FG	<input type="checkbox"/> AA	<input type="checkbox"/> ST AMT	\$	\$
DRIVE TO WORK / SCHOOL	<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:					TOTAL PREM: \$					
VEH # 16	YEAR 2014	MAKE: Road Clipper MODEL: Trailer	BODY TYPE: Trailer V.I.N.: 46UFU3238E1155945	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM				
GARAGING ADDRESS 2858 S Poplar	STREET (Required in KY)		CITY Casper	COUNTY			STATE WY	ZIP 82601					
LIC STATE	TERR	GVW / GCW	CLASS 67529	SIC	FACTOR	SEAT CP	RADIUS 200	FARTHEST TERMINAL		COST NEW \$ 25000			
USE	<input checked="" type="checkbox"/> PLEASURE	<input checked="" type="checkbox"/> COMM'L	<input type="checkbox"/> FOR HIRE	<input checked="" type="checkbox"/> CHECK COVERAGES	<input checked="" type="checkbox"/> ADD'L NO-FAULT	<input checked="" type="checkbox"/> UNDRINS MOTOR TOWING & LABOR	<input type="checkbox"/> F	<input type="checkbox"/> LSP	<input type="checkbox"/> RENT REIMB	<input type="checkbox"/> DEDUCTIBLES	<input type="checkbox"/> ACV	<input type="checkbox"/> COMP / OTC	<input type="checkbox"/> SPEC C OF L
	<input type="checkbox"/> FARM	<input type="checkbox"/> RETAIL	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> FT	<input type="checkbox"/> COMP / OTC	<input type="checkbox"/> FG	<input type="checkbox"/> AA	<input type="checkbox"/> ST AMT	\$	\$
DRIVE TO WORK / SCHOOL	<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:					TOTAL PREM: \$					
VEH # 17	YEAR 2015	MAKE: Doonan MODEL: Trailer	BODY TYPE: Trailer V.I.N.: 1D9BG482XF1609307	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM				
GARAGING ADDRESS 2858 S Poplar	STREET (Required in KY)		CITY Casper	COUNTY			STATE WY	ZIP 82601					
LIC STATE	TERR	GVW / GCW	CLASS 67529	SIC	FACTOR	SEAT CP	RADIUS 200	FARTHEST TERMINAL		COST NEW \$ 30000			
USE	<input checked="" type="checkbox"/> PLEASURE	<input checked="" type="checkbox"/> COMM'L	<input type="checkbox"/> FOR HIRE	<input checked="" type="checkbox"/> CHECK COVERAGES	<input checked="" type="checkbox"/> ADD'L NO-FAULT	<input checked="" type="checkbox"/> UNDRINS MOTOR TOWING & LABOR	<input type="checkbox"/> F	<input type="checkbox"/> LSP	<input type="checkbox"/> RENT REIMB	<input type="checkbox"/> DEDUCTIBLES	<input type="checkbox"/> ACV	<input type="checkbox"/> COMP / OTC	<input type="checkbox"/> SPEC C OF L
	<input type="checkbox"/> FARM	<input type="checkbox"/> RETAIL	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> FT	<input type="checkbox"/> COMP / OTC	<input type="checkbox"/> FG	<input type="checkbox"/> AA	<input type="checkbox"/> ST AMT	\$	\$
DRIVE TO WORK / SCHOOL	<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:					TOTAL PREM: \$					
VEH # 18	YEAR 2015	MAKE: Road Clipper MODEL: Trailer	BODY TYPE: Trailer V.I.N.: 46UFU3229F1162007	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM				
GARAGING ADDRESS 2858 S Poplar	STREET (Required in KY)		CITY Casper	COUNTY			STATE WY	ZIP 82601					
LIC STATE	TERR	GVW / GCW	CLASS 67629	SIC	FACTOR	SEAT CP	RADIUS 200	FARTHEST TERMINAL		COST NEW \$ 25000			
USE	<input checked="" type="checkbox"/> PLEASURE	<input checked="" type="checkbox"/> COMM'L	<input type="checkbox"/> FOR HIRE	<input checked="" type="checkbox"/> CHECK COVERAGES	<input checked="" type="checkbox"/> ADD'L NO-FAULT	<input checked="" type="checkbox"/> UNDRINS MOTOR TOWING & LABOR	<input type="checkbox"/> F	<input type="checkbox"/> LSP	<input type="checkbox"/> RENT REIMB	<input type="checkbox"/> DEDUCTIBLES	<input type="checkbox"/> ACV	<input type="checkbox"/> COMP / OTC	<input type="checkbox"/> SPEC C OF L
	<input type="checkbox"/> FARM	<input type="checkbox"/> RETAIL	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> FT	<input type="checkbox"/> COMP / OTC	<input type="checkbox"/> FG	<input type="checkbox"/> AA	<input type="checkbox"/> ST AMT	\$	\$
DRIVE TO WORK / SCHOOL	<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:					TOTAL PREM: \$					
VEH # 19	YEAR 2019	MAKE: Chevy MODEL: 3500	BODY TYPE: Pickup truck V.I.N.: 1G4K4Y7K7KF248383	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM				
GARAGING ADDRESS 2858 S Poplar	STREET (Required in KY)		CITY Casper	COUNTY			STATE WY	ZIP 82601					
LIC STATE	TERR	GVW / GCW	CLASS 21529	SIC	FACTOR	SEAT CP	RADIUS 200	FARTHEST TERMINAL		COST NEW \$ 59200			
USE	<input checked="" type="checkbox"/> PLEASURE	<input checked="" type="checkbox"/> COMM'L	<input type="checkbox"/> FOR HIRE	<input checked="" type="checkbox"/> CHECK COVERAGES	<input checked="" type="checkbox"/> ADD'L NO-FAULT	<input checked="" type="checkbox"/> UNDRINS MOTOR TOWING & LABOR	<input type="checkbox"/> F	<input checked="" type="checkbox"/> LSP	<input type="checkbox"/> RENT REIMB	<input type="checkbox"/> DEDUCTIBLES	<input type="checkbox"/> ACV	<input checked="" type="checkbox"/> COMP / OTC	<input type="checkbox"/> SPEC C OF L
	<input type="checkbox"/> FARM	<input type="checkbox"/> RETAIL	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> FT	<input checked="" type="checkbox"/> COMP / OTC	<input type="checkbox"/> FG	<input type="checkbox"/> AA	<input type="checkbox"/> ST AMT	\$ 2,000	\$ 2,000
DRIVE TO WORK / SCHOOL	<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:					TOTAL PREM: \$					

ADDITIONAL COVERAGES AND ENDORSEMENTS

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
	WY	HRDBD	Hired/borrowed	Hired/Borrowed				
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
1,000,000								
	WY	NOWND	Non-owned	Non-Owned				
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
1,000,000								
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium



UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)
03/29/2024

IMPORTANT - If CLAIMS MADE is checked in the POLICY INFORMATION section below, this is an application for a claims-made policy.
Read all provisions of the policy carefully.

AGENCY Leavitt Group Insurance Agency of Vernal, Inc.		CARRIER MARKETING APPS	NAIC CODE B0569
POLICY NUMBER 24/25	EFFECTIVE DATE 05/09/2024	NAMED INSURED(S) Ridgeway Trucking, LLC	

POLICY INFORMATION

TRANSACTION TYPE				LIMIT OF LIABILITY		RETAINED LIMIT
<input checked="" type="checkbox"/> NEW	<input checked="" type="checkbox"/> UMBRELLA	<input type="checkbox"/> OCCURRENCE	<input type="checkbox"/> VOLUNTARY	\$ 2,000,000	EA OCC	\$
<input type="checkbox"/> RENEWAL	<input type="checkbox"/> EXCESS	<input type="checkbox"/> CLAIMS MADE		\$ 2,000,000	AGG	
EXPIRING POL #:				\$		FIRST DOLLAR DEFENSE (Y / N)

EMPLOYEE BENEFITS LIABILITY

LIMIT OF INSURANCE (Ea Employee) \$	AGGREGATE LIMIT FOR EBL \$	RETAINED LIMIT FOR EBL \$	RETROACTIVE DATE FOR EBL
NAME OF BENEFIT PROGRAM			

PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL
1	NAME: LOCATION: 2858 S Poplar DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				

UNDERLYING INSURANCE

LIST ALL LIABILITY / COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE						+- RATING MOD
TYPE	CARRIER / POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS	ANNUAL RENEWAL PREMIUM	
AUTOMOBILE LIABILITY	MARKETING APPS 24/25	05/09/2024	05/09/2025	CSL EA ACC \$ 1,000,000	\$	
				BI EA ACC \$		
				BI EA PER \$		
				PD EA ACC \$		
GENERAL LIABILITY POLICY TYPE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	MARKETING APPS 24/25	05/09/2024	05/09/2025	EACH OCCURRENCE \$ 1,000,000	PREM / OPS	
				GENERAL AGGR \$ 2,000,000		
				PROD & COMP OPS AGGREGATE \$ 2,000,000	PRODUCTS	
				PERSONAL & ADV INJURY \$ 1,000,000		
				DAMAGE TO RENTED PREMISES \$ 300,000	OTHER	
				MEDICAL EXPENSE \$ 5,000		
EMPLOYERS LIABILITY				EACH ACCIDENT \$	\$	
				DISEASE		
				EACH EMPLOYEE \$		
				DISEASE POLICY LIMIT \$		
OT	MARKETING APPS 24/25	05/09/2024	05/09/2025		\$	
					\$	

UNDERLYING INSURANCE (continued)

UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)

1. ARE DEFENSE COSTS: WITHIN AGGREGATE LIMITS? A SEPARATE LIMIT? UNLIMITED?
 (In Arkansas, the underlying General Liability coverage cannot contain defense costs within aggregate limits, but must have a separate, equal limit or must be unlimited.)
 (In Oklahoma, the underlying General Liability coverage cannot contain defense costs within the limits; subject to Commissioner's Orders.)

2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:

3. HAS ANY PRODUCT, WORK, ACCIDENT OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? (Y / N)

4. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:

5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:

6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y / N) EFF. DATE: _____

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. **EXPLAIN ALL EXPOSURES.**

CHECK IF APPROPRIATE		COVERAGE	EXPOSURE	COVERAGE	EXPOSURE
<input checked="" type="checkbox"/>	ANY AUTO (SYMBOL 1)	CARE, CUSTODY, CONTROL		PROFESSIONAL LIABILITY (E&O)	
	CGL - CLAIMS MADE	EMPLOYEE BENEFIT LIABILITY		VENDORS LIABILITY	
<input checked="" type="checkbox"/>	CGL - OCCURRENCE	FOREIGN LIABILITY / TRAVEL		WATERCRAFT LIABILITY	
	COVERAGE	GARAGEKEEPERS LIABILITY			
	EXPOSURE	INCIDENTAL MEDICAL MALPRACTICE			
	AIRCRAFT LIABILITY	LIQUOR LIABILITY			
	AIRCRAFT PASSENGER LIABILITY				
<input checked="" type="checkbox"/>	ADDITIONAL INTERESTS	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> POLLUTION LIABILITY	<input checked="" type="checkbox"/>		

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; e.g. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE) ACORD 101, Additional Remarks Schedule, may be attached if more space is required.

PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) ACORD 101, Additional Remarks Schedule, may be attached if more space is required.

NO SUCH CLAIMS

CARE, CUSTODY, CONTROL

LOC	PROPERTY TYPE	VALUE	A*	B*	C*	D*	SQ FT OF BLDG OCC
	REAL						
	PERSONAL						

OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY

*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify)

VEHICLES

TYPE	# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	RADIUS (MILES)		
					LOCAL	INTER-MEDIATE	LONG DISTANCE
PRIVATE PASSENGER							
TRUCKS	LIGHT						
	MEDIUM	4				X	
	HEAVY						
TRUCKS / TRACTORS	EX. HEAVY						
	HEAVY	4				X	
BUSES							

ADDITIONAL EXPOSURES

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED		Y/N
ADVERTISERS LIABILITY		
1. MEDIA USED: ANNUAL COST: \$		
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?		N
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?		N
AIRCRAFT LIABILITY		
4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?		N
AUTO LIABILITY		
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?		N
6. ARE PASSENGERS CARRIED FOR A FEE?		N
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?		N
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?		N
9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED?		Y
CONTRACTORS LIABILITY		
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?		N
11. DESCRIBE TYPICAL JOBS PERFORMED (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)		
12. DESCRIBE AGREEMENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)		
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?		N
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?		N
EMPLOYERS LIABILITY		
15. IS APPLICANT SELF-INSURED IN ANY STATE?		Y
16. SUBJECT TO:	<input type="checkbox"/> JONES ACT <input type="checkbox"/> FELA <input checked="" type="checkbox"/> STOP GAP <input type="checkbox"/> OTHER:	
INCIDENTAL MALPRACTICE LIABILITY		
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?		N
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?		N
19. INDICATE # OF DOCTORS:		
NURSES:		
BEDS:		

FRAUD STATEMENTS

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

SIGNATURE

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM), UNDERINSURED MOTORISTS (UIM) AND/OR MEDICAL PAYMENTS COVERAGE IN MY STATE:

UNINSURED MOTORISTS (UM) COVERAGE: \$ _____ *

UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ _____ *

MEDICAL PAYMENTS COVERAGE: \$ _____ * IF APPLICABLE IN YOUR STATE

APPLICABLE ONLY IN LOUISIANA, MONTANA, NEW HAMPSHIRE AND VERMONT

APPLICABLE ONLY IN LOUISIANA:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. OR
(INITIALS)

2. I REJECT UM COVERAGE IN ITS ENTIRETY.
(INITIALS)

APPLICABLE ONLY IN MONTANA:

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORISTS (UM) COVERAGE AND UNDERINSURED MOTORISTS (UIM) COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION. IF NO LIMITS ARE SHOWN, I HAVE REJECTED THESE COVERAGES.
(INITIALS)

APPLICABLE ONLY IN NEW HAMPSHIRE:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. OR
(INITIALS)

2. I REJECT UM COVERAGE IN ITS ENTIRETY.
(INITIALS)

APPLICABLE ONLY IN VERMONT:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: 00001256

TRANSPORTATION SECTION

DATE (MM/DD/YYYY)

3/29/2024

AGENCY Leavitt Group Insurance Agency of Vernal, Inc.		CARRIER MARKETING APPS		NAIC CODE B0569
POLICY NUMBER 24/25	EFFECTIVE DATE 5/9/2024	APPLICANT / FIRST NAMED INSURED Ridgeway Trucking, LLC		

INTEREST		TYPE		
APPLICANT IS:				OTHER
<input type="checkbox"/> COMMON CARRIER	<input type="checkbox"/> OTHER	<input type="checkbox"/> TRANSPORTATION MOTOR TRUCK CARGO LEGAL LIABILITY	<input type="checkbox"/> OPEN	
<input checked="" type="checkbox"/> CONTRACT CARRIER			<input type="checkbox"/> ANNUAL	
<input type="checkbox"/> SHIPPER OF OWNED PROPERTY				

OPERATIONS (Motor truck cargo legal liability on page 2)**TRANSPORTATION**

PROPERTY SHIPPED				POINTS OF ORIGIN		POINTS OF DESTINATION			
TERRITORY				ANNUAL GROSS SALES					
				\$					
CONVEYANCE USED	ANNUAL VALUES SHIPPED AT APPLICANT'S RISK			AVERAGE VALUE PER SHIPMENT	LIMIT OF LIABILITY	BILL OF LADING			
	INCOMING	OUTGOING	INTERPLANT			FULL VALUE	NO	RELEASED VALUE	
CONTRACT CARRIER	\$	\$	\$	\$	\$	YES	NO	\$	
COMMON CARRIER	\$	\$	\$	\$	\$	YES	NO	\$	
RAIL	\$	\$	\$	\$	\$	YES	NO	\$	
AIR CARRIER	\$	\$	\$	\$	\$	YES	NO	\$	
	\$	\$	\$	\$	\$	YES	NO	\$	
OWNED VEHICLES	\$	\$	\$	\$	\$				
TOTAL	\$	\$	\$	\$	\$				
SPECIAL FORM NAMED PERILS <input type="checkbox"/> INCLUDING THEFT		DEDUCTIBLE		# TRUCKS OPERATED	# TRACTORS OPERATED	# TRAILERS OPERATED	# TANK-TRUCKS OPERATED	# REFRIG. UNITS OPERATED	SPECIAL UNITS OWNED / OPERATED

VEHICLE SCHEDULE (Attach ACORD 129 if necessary. Attach ACORD 163, Driver Information Schedule.)

Veh #	YEAR	MAKE:	BODY TYPE:	DATE PURCHASED	NEW	RADIUS OF OPERATIONS
		MODEL:	V.I.N.:		USED	
Veh #	YEAR	MAKE:	BODY TYPE:	DATE PURCHASED	NEW	RADIUS OF OPERATIONS
		MODEL: <td>V.I.N.: <td></td> <td>USED</td> <td></td> </td>	V.I.N.: <td></td> <td>USED</td> <td></td>		USED	
Veh #	YEAR	MAKE:	BODY TYPE:	DATE PURCHASED	NEW	RADIUS OF OPERATIONS
		MODEL: <td>V.I.N.: <td></td> <td>USED</td> <td></td> </td>	V.I.N.: <td></td> <td>USED</td> <td></td>		USED	

F.O.B.

IS CONTINGENT COVERAGE DESIRED ON F.O.B. SHIPMENTS MADE BY THE APPLICANT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF "YES", ENTER PERCENTAGE OF ANNUAL GROSS SALES REPRESENTED BY F.O.B. SHIPMENTS.	%	

GENERAL INFORMATION

#	EXPLAIN ALL "YES" RESPONSES.	YES	NO	#	EXPLAIN ALL "YES" RESPONSES.	YES	NO
1.	IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?			6.	ARE VEHICLES EQUIPPED WITH THEFT ALARMS?		
2.	DOES APPLICANT OBTAIN MVR VERIFICATION FOR DRIVERS?			7.	ARE VEHICLES LEFT UNLOCKED WHEN UNATTENDED?		
3.	DOES APPLICANT HAVE A DRIVER RECRUITING METHOD?			8.	ARE VEHICLES LEFT LOADED OVERNIGHT?		
4.	DO DRIVERS RECEIVE REGULAR PHYSICALS?			9.	DOES APPLICANT BACK HAUL PROPERTY OF OTHERS?		
5.	ANY WATERBORNE SHIPMENTS TO BE COVERED?						

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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MOTOR TRUCK CARGO LEGAL LIABILITY on Page 2

MOTOR TRUCK CARGO LEGAL LIABILITY

OPERATIONS

PROPERTY HAULED oilfield tools			GROSS RECEIPTS LAST 12 MONTHS \$ 750,000		GROSS RECEIPTS NEXT 12 MONTHS \$ 750,000			
TERRITORY WY, Regional			AVERAGE DISTANCE 200		MAXIMUM DISTANCE 200			
LIST TARGET COMMODITIES CARRIED	% OF GROSS REVENUES	MAXIMUM VALUE PER VEHICLE	LIST STATES WHERE FILINGS REQUIRED		DOCKET NO. _____ I.C.C. FILING REQUIRED DOCKET NO. _____			
	% \$		LIMIT OF LIABILITY					
	% \$							
	% \$							
	% \$							
	% \$							
			SINGLE CONVEYANCE	PER DISASTER	<input checked="" type="checkbox"/> LOADING / UNLOADING			
			\$ 250,000	\$ 250,000	LIMIT	DEDUCTIBLE		
					\$ 250,000	\$ 2,500		
SPECIAL FORM NAMED PERILS	DEDUCTIBLE		# TRUCKS OPERATED	# TRACTORS OPERATED	# TRAILERS OPERATED	# TANK-TRAILERS OPERATED	# REFRIG. UNITS OPERATED	SPECIAL UNITS OWNED / OPERATED
<input type="checkbox"/> INCLUDING THEFT <input type="checkbox"/> LOADING / UNLOADING			6	5	13			

TERMINALS

Loc. #	ADDRESS (ACORD 125)	AVERAGE VALUE AT TERMINAL	MAXIMUM VALUE AT TERMINAL	LIMIT OF LIABILITY
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

VEHICLE SCHEDULE (Attach ACORD 129 if necessary. Attach ACORD 163, Driver Information Schedule.)

Veh #	YEAR	MAKE:	BODY TYPE:	DATE PURCHASED	NEW	RADIUS OF OPERATIONS
		MODEL: <td>V.I.N.: <td></td> <td>USED</td> <td></td> </td>	V.I.N.: <td></td> <td>USED</td> <td></td>		USED	
		MAKE: <td>BODY TYPE: <td>DATE PURCHASED</td> <td>NEW</td> <td>RADIUS OF OPERATIONS</td> </td>	BODY TYPE: <td>DATE PURCHASED</td> <td>NEW</td> <td>RADIUS OF OPERATIONS</td>	DATE PURCHASED	NEW	RADIUS OF OPERATIONS
		MODEL: <td>V.I.N.: <td></td> <td>USED</td> <td></td> </td>	V.I.N.: <td></td> <td>USED</td> <td></td>		USED	
		MAKE: <td>BODY TYPE: <td>DATE PURCHASED</td> <td>NEW</td> <td>RADIUS OF OPERATIONS</td> </td>	BODY TYPE: <td>DATE PURCHASED</td> <td>NEW</td> <td>RADIUS OF OPERATIONS</td>	DATE PURCHASED	NEW	RADIUS OF OPERATIONS
		MODEL: <td>V.I.N.: <td></td> <td>USED</td> <td></td> </td>	V.I.N.: <td></td> <td>USED</td> <td></td>		USED	

GENERAL INFORMATION

#	EXPLAIN ALL "YES" RESPONSES.	YES	NO	#	EXPLAIN ALL "YES" RESPONSES.	YES	NO
1.	IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?	<input checked="" type="checkbox"/>		9.	DO TERMINALS HAVE FIRE PROTECTION (Sprinklers, hoses, etc.)?		<input checked="" type="checkbox"/>
2.	DOES APPLICANT OBTAIN MVR VERIFICATION FOR DRIVERS?	<input checked="" type="checkbox"/>		10.	DO TERMINALS HAVE SECURITY SYSTEMS (Guards, alarms, fences, lights, dogs, etc.)?		
3.	DOES APPLICANT HAVE A DRIVER RECRUITING METHOD?	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>
4.	DO DRIVERS RECEIVE REGULAR PHYSICALS?	<input checked="" type="checkbox"/>		11.	ARE VEHICLES LEFT LOADED OVERNIGHT?		<input checked="" type="checkbox"/>
5.	ARE VEHICLES EQUIPPED WITH THEFT ALARMS?		<input checked="" type="checkbox"/>	12.	IS THE APPLICANT AN OWNER OPERATOR?		<input checked="" type="checkbox"/>
6.	ARE VEHICLES LEFT UNLOCKED WHEN UNATTENDED?		<input checked="" type="checkbox"/>	13.	DOES THE APPLICANT HIRE OWNER OPERATORS?		<input checked="" type="checkbox"/>
7.	ARE OVERAGES, SHORTAGES, & DAMAGE CLAIMS PENDING?		<input checked="" type="checkbox"/>	14.	DOES THE APPLICANT TRIPLELEASE TO OTHERS?		<input checked="" type="checkbox"/>
8.	ARE ANY VEHICLES OPERATED FOR THE APPLICANT BY OTHERS?		<input checked="" type="checkbox"/>	15.	DOES THE APPLICANT BACK HAUL PROPERTY OF OTHERS?		<input checked="" type="checkbox"/>

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

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Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

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Applicable in OR

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Applicable in PR

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THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

ADDITIONAL COVERAGES AND ENDORSEMENTS

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes				
		BRD	Broad Form	Motor Truck Cargo Coverage								
Limit 1		Limit 2		Limit 3		Ded 1	Deductible Type 1		Ded 2	Deductible Type 2		Premium
250,000						2,500	Flat					

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes				
Limit 1		Limit 2		Limit 3		Ded 1	Deductible Type 1		Ded 2	Deductible Type 2		Premium

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes				
Limit 1		Limit 2		Limit 3		Ded 1	Deductible Type 1		Ded 2	Deductible Type 2		Premium

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes				
Limit 1		Limit 2		Limit 3		Ded 1	Deductible Type 1		Ded 2	Deductible Type 2		Premium

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes				
Limit 1		Limit 2		Limit 3		Ded 1	Deductible Type 1		Ded 2	Deductible Type 2		Premium

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes				
Limit 1		Limit 2		Limit 3		Ded 1	Deductible Type 1		Ded 2	Deductible Type 2		Premium

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes				
Limit 1		Limit 2		Limit 3		Ded 1	Deductible Type 1		Ded 2	Deductible Type 2		Premium

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes				
Limit 1		Limit 2		Limit 3		Ded 1	Deductible Type 1		Ded 2	Deductible Type 2		Premium

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes				
Limit 1		Limit 2		Limit 3		Ded 1	Deductible Type 1		Ded 2	Deductible Type 2		Premium

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes				
Limit 1		Limit 2		Limit 3		Ded 1	Deductible Type 1		Ded 2	Deductible Type 2		Premium